

## LEASE MARKET SURVEY

AGENCY REQUESTING SPACE \_\_\_\_\_ REQUEST NO. \_\_\_\_\_  
DATE OF SURVEY \_\_\_\_\_  
SURVEY LOCATION (city, state) \_\_\_\_\_  
REALTY SPECIALIST \_\_\_\_\_  
AGENCY REPRESENTATIVE \_\_\_\_\_

TYPE OF SPACE ☐ OFFICE ☐ WAREHOUSE ☐ SPECIAL: \_\_\_\_\_

BUILDING NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
OWNER OR AGENT \_\_\_\_\_  
AVAILABLE RENTABLE SQUARE FOOTAGE \_\_\_\_\_  
LOCAL MEASUREMENT METHOD \_\_\_\_\_

FLOOR # \_\_\_\_\_ SF \_\_\_\_\_ CAF\* \_\_\_\_\_ FLOOR # \_\_\_\_\_ SF \_\_\_\_\_ CAF\* \_\_\_\_\_

FLOOR # \_\_\_\_\_ SF \_\_\_\_\_ CAF\* \_\_\_\_\_ FLOOR # \_\_\_\_\_ SF \_\_\_\_\_ CAF\* \_\_\_\_\_

\*CAF = Common Area Factor

RENTABLE SQUARE FOOT RATE \_\_\_\_\_  
SERVICES & UTILITIES INCLUDED IN RENT \_\_\_\_\_  
TENANT IMPROVEMENTS INCLUDED IN RENT \_\_\_\_\_

### I. BUILDING CHARACTERISTICS

1. LOCATION	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> OFFICE PARK	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL
	<input type="checkbox"/> CENTRAL BUSINESS DISTRICT	<input type="checkbox"/> URBAN RENEWAL	<input type="checkbox"/> HISTORIC	
2. APPEARANCE OF STRUCTURE	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR
3. APPEARANCE OF GROUNDS	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR <input type="checkbox"/> NOT APPLICABLE
4. EXTERIOR OF BUILDING DESIGN	<input type="checkbox"/> URBAN	<input type="checkbox"/> OFFICE PARK	<input type="checkbox"/> SUBURBAN	# OF STORIES _____
	<input type="checkbox"/> SINGLE-CORE	<input type="checkbox"/> FREE STANDING CONVERSION		BUILDING AGE _____
	<input type="checkbox"/> MULTI-CORE	<input type="checkbox"/> ADAPTIVE RE-USE		ORIGINAL USE _____ (specify)
4A. FACING MATERIAL	<input type="checkbox"/> BRICK	<input type="checkbox"/> CONCRETE	<input type="checkbox"/> GLASS	<input type="checkbox"/> STEEL <input type="checkbox"/> MARBLE <input type="checkbox"/> STONE
	<input type="checkbox"/> OTHER _____ (specify)			
5. INTERIOR AS IS				
5A. WALLS	<input type="checkbox"/> DRYWALL	<input type="checkbox"/> MASONRY	<input type="checkbox"/> PLASTER	<input type="checkbox"/> OTHER _____ (specify)
5B. WALL COVERING	<input type="checkbox"/> PAINT	<input type="checkbox"/> PANELING	<input type="checkbox"/> WALLPAPER	<input type="checkbox"/> VINYL
	<input type="checkbox"/> OTHER _____ (specify)			
5C. LIGHTING	<input type="checkbox"/> SUSPENDED	<input type="checkbox"/> RECESSED	<input type="checkbox"/> PARABOLIC	<input type="checkbox"/> FLUORESCENT <input type="checkbox"/> INCANDESCENT
5D. CEILING	<input type="checkbox"/> HEIGHT WITH TILES _____			<input type="checkbox"/> HEIGHT SLAB TO SLAB _____
	<input type="checkbox"/> SUSPENDED	<input type="checkbox"/> ACOUSTICAL	<input type="checkbox"/> PLASTER	<input type="checkbox"/> UNFINISHED
	<input type="checkbox"/> OTHER _____ (specify)			

LEASE MARKET SURVEY OF: \_\_\_\_\_

5E. FLOORS

<input type="checkbox"/> WOOD	<input type="checkbox"/> VINYL TILE	<input type="checkbox"/> CONCRETE	<input type="checkbox"/> CARPET
<input type="checkbox"/> OTHER _____ (specify)	<input type="checkbox"/> FLOOR LOAD _____		

5F. WINDOWS

	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> BARS ON GRADE-LEVEL WINDOWS
FRAME	<input type="checkbox"/> WOOD	<input type="checkbox"/> METAL
	<input type="checkbox"/> OTHER _____ (specify)	
TYPE	<input type="checkbox"/> CASEMENT	<input type="checkbox"/> FIXED
	<input type="checkbox"/> DOUBLE HUNG	<input type="checkbox"/> OTHER _____ (specify)

5G. RESTROOMS

<input type="checkbox"/> SEPARATE FACILITIES FOR MEN AND WOMEN ON EACH FLOOR	<input type="checkbox"/> 200' OR LESS FROM SPACE (IF REQ. OVER 10,000 SF)
ADEQUATE FIXTURES AND ACCESSORIES	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ (explain)
MEN	<input type="checkbox"/> STALL <input type="checkbox"/> LAVATORY <input type="checkbox"/> MIRROR <input type="checkbox"/> URINAL
WOMEN	<input type="checkbox"/> STALL <input type="checkbox"/> LAVATORY <input type="checkbox"/> MIRROR
HANDICAPPED ACCESSIBILITY	<input type="checkbox"/> COMMON FACILITIES ACCESSIBLE <input type="checkbox"/> SEPARATE FACILITY ACCESSIBLE <input type="checkbox"/> NO
<input type="checkbox"/> DOOR IDENTIFICATION	<input type="checkbox"/> AUTOMATIC DOOR OPENERS <input type="checkbox"/> CAN BE ALTERED TO MEET REQUIREMENTS

5H. DRINKING FOUNTAINS

<input type="checkbox"/> # PER FLOOR _____	<input type="checkbox"/> 150' OR LESS FROM SPACE (IF REQ. OVER 10,000 SF)
HANDICAPPED ACCESSIBILITY	<input type="checkbox"/> SUFFICIENT <input type="checkbox"/> INSUFFICIENT <input type="checkbox"/> CAN BE ALTERED

5I. ELEVATORS

<input type="checkbox"/> NOT APPLICABLE	
TYPE	<input type="checkbox"/> MANUAL <input type="checkbox"/> AUTOMATIC
NUMBER	<input type="checkbox"/> PASSENGER _____ <input type="checkbox"/> FREIGHT _____
	<input type="checkbox"/> DIMENSIONS _____ (specify) <input type="checkbox"/> DIMENSIONS _____ (specify)
FIRE SAFETY	<input type="checkbox"/> AUTOMATIC RECALL <input type="checkbox"/> MANUAL RECALL <input type="checkbox"/> FIRE SAFETY SIGNS <input type="checkbox"/> TELEPHONE

5J. HANDICAPPED

ACCESSIBLE	<input type="checkbox"/> RAMPS/WALKS <input type="checkbox"/> CAN BE ALTERED <input type="checkbox"/> NO
	<input type="checkbox"/> CURBS <input type="checkbox"/> CAN BE ALTERED <input type="checkbox"/> NO
	<input type="checkbox"/> PARKING SPACES <input type="checkbox"/> CAN BE ARRANGED <input type="checkbox"/> NO
	<input type="checkbox"/> ELEVATORS <input type="checkbox"/> CAN BE ALTERED <input type="checkbox"/> NO
	<input type="checkbox"/> STAIRWELLS <input type="checkbox"/> CAN BE ALTERED <input type="checkbox"/> NO
MISC.	<input type="checkbox"/> PUBLIC TELEPHONES <input type="checkbox"/> AUTOMATIC DOOR OPENERS (note: less than 54" from floor)
OWNER WILL CONFORM TO SFO HANDICAPPED REQUIREMENTS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN

6. BUILDING SYSTEMS

6A. HEATING

TYPE	<input type="checkbox"/> WARM AIR <input type="checkbox"/> HOT AIR <input type="checkbox"/> HOT WATER <input type="checkbox"/> STEAM
FUEL	<input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> OIL <input type="checkbox"/> GEO THERMAL <input type="checkbox"/> SOLAR
	<input type="checkbox"/> OTHER _____ (specify)

6B. AIR CONDITIONING

TYPE	<input type="checkbox"/> CENTRAL <input type="checkbox"/> WINDOW <input type="checkbox"/> PACKAGE <input type="checkbox"/> NOT AVAILABLE
FUEL	<input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> SOLAR <input type="checkbox"/> OTHER _____ (specify)

6C. SYSTEM ZONING

<input type="checkbox"/> BY FLOOR <input type="checkbox"/> VERTICAL <input type="checkbox"/> HORIZONTAL <input type="checkbox"/> ENTIRE BUILDING <input type="checkbox"/> INDIVIDUAL TENANT
<input type="checkbox"/> MULTIPLE PER FLOOR <input type="checkbox"/> INDEPENDENT HVAC CONTROL
<input type="checkbox"/> INDIVIDUAL PERIMETER CONTROL <input type="checkbox"/> INTERIOR/EXTERIOR PERIMETER CONTROL

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6D. POWER DISTRIBUTION	<input type="checkbox"/>	PERMANENT WALL FIXTURES	<input type="checkbox"/>	ON FLOOR	<input type="checkbox"/>	ELECTRICAL CELLULAR DECK				
	<input type="checkbox"/>	UNDER FLOOR SYSTEM	<input type="checkbox"/>	ABOVE CEILING	<input type="checkbox"/>	RAISED FLOOR	<input type="checkbox"/>	FLAT CONDUCTOR CABLE		
7. FIRE SAFETY AND HEALTH										
7A. SECURITY	<input type="checkbox"/>	NO PROVISIONS	<input type="checkbox"/>	SECURE BUILDING	<input type="checkbox"/>	GUARD IN LOBBY	<input type="checkbox"/>	ALARM SYSTEM		
	<input type="checkbox"/>	CONTROLLED GARAGE ENTRY		<input type="checkbox"/>	CONTROLLED ENTRY		<input type="checkbox"/>	CARD KEY SYSTEM		
	<input type="checkbox"/>	ELEVATOR CONTROL (LOCKOFF)		<input type="checkbox"/>	24-HR. GUARD SERVICE		<input type="checkbox"/>	BALCONIES/PATIOS ADJACENT TO SPACE		
7B. EMERGENCY ILLUMINATION	<input type="checkbox"/>	OFFICE SPACE	<input type="checkbox"/>	CORRIDORS	<input type="checkbox"/>	BUILDING EXTERIOR	<input type="checkbox"/>	STAIRWAYS	<input type="checkbox"/>	EXIT LIGHTS IN CORRIDORS
7C. GENERAL	<input type="checkbox"/>	FIRE RESISTIVE CONSTRUCTION		<input type="checkbox"/>	TYPE I		<input type="checkbox"/>	TYPE II		
	<input type="checkbox"/>	PROTECTED NON-COMBUSTIBLE		<input type="checkbox"/>	EXITS WITHIN _____ FT. OF SPACE					
	<input type="checkbox"/>	UNPROTECTED NON-COMBUSTIBLE		<input type="checkbox"/>	EXTERIOR DOORS OPEN OUTWARD		<input type="checkbox"/>	EXTERIOR AUTO DOOR OPENERS		
7D. STAIRWELLS	<input type="checkbox"/>	STAIRWELL DOOR LATCHES		<input type="checkbox"/>	DOORS CLOSE AUTOMATICALLY					
	<input type="checkbox"/>	DISCHARGE OUTSIDE		<input type="checkbox"/>	DISCHARGE INTO GARAGE		<input type="checkbox"/>	TWO SEPARATE EXITS		
	<input type="checkbox"/>	HANDRAILS	<input type="checkbox"/>	SAFETY STRIPPING	<input type="checkbox"/>	STAIRWELL	_____ FT. FROM SPACE			
		TYPE	<input type="checkbox"/>	SCISSORS	<input type="checkbox"/>	OPEN	<input type="checkbox"/>	CLOSED		
7E. FIRE SAFETY	<input type="checkbox"/>	SMOKE DETECTORS	<input type="checkbox"/>	SPRINKLER SYSTEM	<input type="checkbox"/>	STANDPIPES IN STAIRWELLS		<input type="checkbox"/>	FIRE EXTINGUISHERS	
	<input type="checkbox"/>	MANUAL FIRE ALARM		<input type="checkbox"/>	AUTOMATIC FIRE ALARM		<input type="checkbox"/>	CENTRAL MONITORING OF ALARM SYSTEM		
7F. ASBESTOS/PCB'S	<input type="checkbox"/>	FRIABLE	<input type="checkbox"/>	NON-FRIABLE	<input type="checkbox"/>	LOCATION (specify)				
	<input type="checkbox"/>	CONTAINED	<input type="checkbox"/>	PCB'S	<input type="checkbox"/>	HAZARDOUS WASTE SITE				
8. PARKING	OFFICIAL	<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	NONE			
		<input type="checkbox"/>	# AVAILABLE	_____	<input type="checkbox"/>	RENT PER SPACE	_____			
	EMPLOYEE	<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	NONE			
		<input type="checkbox"/>	# AVAILABLE	_____	<input type="checkbox"/>	RENT PER SPACE	_____			
9. LOADING DOCK	<input type="checkbox"/>	NOT APPLICABLE	<input type="checkbox"/>	INTERIOR	<input type="checkbox"/>	EXTERIOR	<input type="checkbox"/>	LOAD LEVELER	<input type="checkbox"/>	WEATHER PROTECTION
	<input type="checkbox"/>	PLATFORM AVAILABLE		<input type="checkbox"/>	18-WHEELER ACCESSIBLE					

II. ASKING PRICE

<input type="checkbox"/>	YEARLY RENT PER _____ SQUARE FOOT _____ (usable/occupiable/rentable)		
<input type="checkbox"/>	FULLY SERVICED	<input type="checkbox"/>	PARTIALLY SERVICED _____ (explain)
<input type="checkbox"/>	ALTERATIONS INCLUDED	<input type="checkbox"/>	ESTIMATED COST OF SERVICES _____ PER _____
<input type="checkbox"/>	ESCALATIONS INCLUDED	<input type="checkbox"/>	ESTIMATED COST OF UTILITIES _____ PER _____

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III. COMMENTS

☐ EMPLOYEE PARKING WITHIN \_\_\_\_\_ BLOCKS

☐ PUBLIC TRANSIT WITHIN \_\_\_\_\_ BLOCKS

☐ EATING FACILITIES WITHIN \_\_\_\_\_ BLOCKS

☐ EMPLOYEE SERVICES WITHIN \_\_\_\_\_ BLOCKS

REMARKS

IV. DECISION TO SOLICIT

☐ THIS BUILDING WILL BE SOLICITED. IT MEETS OR IS CAPABLE OF MEETING THE SFO STANDARDS.

☐ THIS BUILDING WILL NOT BE SOLICITED. IT DOES NOT MEET OR IS NOT CAPABLE OF MEETING THE SFO STANDARDS FOR THE FOLLOWING REASONS:

THE CLIENT AGENCY REPRESENTATIVE PRESENT ON THE MARKET SURVEY

☐ AGREES WITH THE ABOVE DECISION

☐ DOES NOT AGREE WITH THE ABOVE DECISION FOR THE FOLLOWING REASONS:

SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE

DATE

SIGNATURE OF PERSON CONDUCTING SURVEY

DATE